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CONFIRMATION NO. 3669

<b>SERIAL NUMBER</b> 10/642,858	<b>FILING OR 371(c) DATE</b> 08/18/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Katherine M. Aldred, Saugus, MA;				
** CONTINUING DATA ***** KG none				
** FOREIGN APPLICATIONS ***** KG none				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/11/2003				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>KG</i> Initials: <i>KG</i>	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 4
			<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Katherine M. Aldred 51 Birch Street Saugus, MA01906				
<b>TITLE</b> Transdermal method and apparatus				
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	